



Women Firefighters' Survey for Personal Protective Equipment
STATE OF CALIFORNIA, DEPT. OF INDUSTRIAL RELATIONS, DEPT. OF HEALTH SERVICES

Women Firefighters – Does your work gear fit you?

Welcome to the women firefighters' survey for personal protective equipment (PPE). Cal/OSHA and the Occupational Health Branch of the California Department of Health Services have designed this confidential survey to find out whether women are having problems getting safe and effective PPE on the job. Please take a few minutes and complete this form. You can also make copies of the survey for other firefighters to complete by July 30, 2004.

**IF YOU PREFER TO FILL OUT THIS SURVEY ON THE INTERNET,
GO TO: <http://fs6.formsite.com/BuildSafe/Firefighter/>**

If you are not a firefighter, please fill out the **WOMEN AND PPE SURVEY instead of this survey. The women and PPE survey is online at: <http://fs6.formsite.com/BuildSafe/WomenPPE/>**

Section 1: Work information

1. How long have you worked in the fire service? _____ years _____ months
2. What is your job title? _____
3. What type of employer do you work for?
 - ☐ Private employer
 - ☐ State government
 - ☐ Local government (city / county)
 - ☐ Federal government
4. What type of firefighting do you mostly do?
 - ☐ Interior structural
 - ☐ Proximity
 - ☐ Wildland
 - ☐ Other _____
5. Are you a volunteer firefighter? ☐ Yes ☐ No

california
OSHA

Office Use Only
ID# _____



Section 2: Protective Gear – *Note: This section asks about standard gear used by most firefighters. At the end of this section there are two blank sections (Questions 22 and 23) that you can complete to tell us about additional personal protective equipment you use.*

6. Helmet ☐ Not used in past 12 months – *please skip to question 7*

- a. How often do you wear your helmet?
☐ Rarely (5 or less days a year)
☐ Sometimes (6-40 days a year)
☐ Very often (more than 40 days a year)
- b. Is your helmet available to you in different sizes? ☐ Yes ☐ No
- c. Brand name or type of helmet you wear most often:
☐ Fiberglass ☐ Leather ☐ Other _____
- d. How well does your helmet fit?
☐ Well ☐ Poorly
☐ Adequately ☐ Almost unusable
- e. What are the problems with the fit, if any? Check all that apply.
☐ Head straps (suspension) too large
☐ Outer shell too heavy or too large
☐ Other: _____

- f. Do you do anything to your helmet to make it fit better? ☐ Yes ☐ No
If Yes, what do you do? _____

- g. Please describe any better-fitting helmets you know of: _____

7. Nomex/PBI Hood ☐ Not used in past 12 months – *please skip to question 8*

- a. How often do you wear your Nomex/PBI hood?
☐ Rarely (5 or less days a year)
☐ Sometimes (6-40 days a year)
☐ Very often (more than 40 days a year)
- b. Is the hood available to you in different sizes? ☐ Yes ☐ No
- c. Brand name or type you wear most often: _____
- d. How well does your hood fit?
☐ Well ☐ Poorly
☐ Adequately ☐ Almost unusable
- e. What is the problem with the fit, if any? _____

- f. Do you do anything to your Nomex/PBI hood to make it fit better? ☐ Yes ☐ No
If yes, what do you do? _____

- g. Are you aware of any solution to fitting problems, and what is it? (such as a different style, manufacturer or alternate design) _____

8. SCBA Respirator Facepiece☐ Not used in past 12 months – *please skip to question 9*

- a. How often do you wear your SCBA facepiece?
- ☐ Rarely (5 or less days a year)
 - ☐ Sometimes (6-40 days a year)
 - ☐ Very often (more than 40 days a year)
- b. Is your SCBA facepiece available to you in different sizes? ☐ Yes ☐ No
- c. Brand name or type of SCBA facepiece you wear most often: _____
- d. Have you been fit-tested for this respirator in the past 12 months? ☐ Yes ☐ No
- e. How well does your respirator facepiece fit?
- ☐ Well ☐ Poorly
 - ☐ Adequately ☐ Almost unusable
- f. What is the problem with the fit, if any? *Check all that apply.*
- ☐ Mask is too large for my face
 - ☐ Mask is too small for my face
 - ☐ I feel air leaking around the surfaces of the respirator
 - ☐ I have to pull the straps too tight to get a good fit
 - ☐ Mask falls off or moves when I bend over or look up
 - ☐ Other: _____
- g. Are you aware of any solution to that problem, and what is it? (such as a different style, manufacturer or alternate design) _____

9. SCBA harness/pack☐ Not used in past 12 months – *please skip to question 10*

- a. How often do you wear your SCBA harness/pack?
- ☐ Rarely (5 or less days a year)
 - ☐ Sometimes (6-40 days a year)
 - ☐ Very often (more than 40 days a year)
- b. Is your SCBA harness/pack available to you in different sizes? ☐ Yes ☐ No
- c. Brand name or type you wear most often: _____
- d. How well does your SCBA pack fit?
- ☐ Well ☐ Poorly
 - ☐ Adequately ☐ Almost unusable
- e. What is the problem with the fit, if any? *Check all that apply.*
- ☐ too large ☐ straps too long / straps dangle
 - ☐ waist strap is in the wrong place (too high or too low)
 - ☐ other _____
- f. Do you do anything to your SCBA harness/pack to make it fit better? ☐ Yes ☐ No
- If yes, what do you do? _____
- g. Are you aware of any solution to that fit problem, and what is it? (such as a different style, manufacturer or alternate design) _____

10. Turnout/Bunker Coat ☐ Not used in past 12 months – *please skip to question 11*

- a. How often do you wear a turnout/bunker coat?
- ☐ Rarely (5 or less days a year)
 - ☐ Sometimes (6-40 days a year)
 - ☐ Very often (more than 40 days a year)
- b. Brand name or type you wear most often: _____
- c. Are turnout/bunker coats available to you in “women’s sizes”? ☐ Yes ☐ No
- d. How well does your coat fit?
- ☐ Well
 - ☐ Adequately
 - ☐ Poorly
 - ☐ Almost unusable
- e. What is the problem with the fit, if any? _____
- f. Do you do anything to your coat to make it fit better? ☐ Yes ☐ No
If Yes, what do you do? _____
- g. Please describe any better-fitting turnout/bunker coat you know of: _____

11. Turnout/Bunker Pants ☐ Not used in last 12 months – *please skip to question 12*

- a. How often do you wear turnout/bunker pants?
- ☐ Rarely (5 or less days a year)
 - ☐ Sometimes (6-40 days a year)
 - ☐ Very often (more than 40 days a year)
- b. Brand name or type of turnout/bunker pants you wear most often: _____
- c. Are these pants available to you in “women’s sizes”? ☐ Yes ☐ No
- d. How well do your turnout/bunker pants fit?
- ☐ Well
 - ☐ Adequately
 - ☐ Poorly
 - ☐ Almost unusable
- e. What are the problems with the fit, if any? _____
- f. Do you do anything to your turnout/bunker pants to make them fit better? ☐ Yes ☐ No
If Yes, what do you do to them? _____
- g. Please describe any better-fitting turnout/bunker pants you know of: _____

12. Firefighting Boots☐ Not used in past 12 months – *please skip to question 13*

- a. How often do you wear firefighting boots?
- ☐ Rarely (5 or less days a year)
 - ☐ Sometimes (6-40 days a year)
 - ☐ Very often (more than 40 days a year)
- b. Brand name of firefighting boot you wear most often: _____
- Boot is made of: ☐ Rubber ☐ Leather ☐ Fabric/Leather combo
- Boot design: ☐ Pull-on design ☐ Speed zipper or laces
- c. How well do your firefighting boots fit?
- ☐ Well ☐ Poorly
 - ☐ Adequately ☐ Almost unusable
- d. Are these boots available to you in "women's sizes" ☐ Yes ☐ No
- e. What is the problem with the fit, if any? *Check all that apply.*
- ☐ Boot heel too loose ☐ Boot ankle too loose or too tight
 - ☐ Boot toe too long or too short ☐ Boot toe too narrow or too wide
 - ☐ Boot top too high
 - ☐ Other _____
- f. Do you do anything to your boots to make them fit better? ☐ Yes ☐ No
- If Yes, what do you do? _____
- g. Are you aware of any solution to the fit problems, and what is it? (such as a different style, manufacturer or alternate design) _____

13. Gloves (turnout gear)☐ Not used in past 12 months – *please skip to question 14*

- a. How often do you wear your turnout gloves?
- ☐ Rarely (5 or less days a year)
 - ☐ Sometimes (6-40 days a year)
 - ☐ Very often (more than 40 days a year)
- b. Are these gloves available to you in different sizes? ☐ Yes ☐ No
- c. Brand name or type of turnout gloves you wear most often: _____
- d. How well do your gloves fit?
- ☐ Well ☐ Poorly
 - ☐ Adequately ☐ Almost unusable
- e. What is the problem with the fit, if any? *Check all that apply.*
- ☐ Glove fingers too long ☐ Glove fingers too wide or bulky
 - ☐ Whole glove too long ☐ Whole glove too wide or bulky
 - ☐ Other _____
- f. Do you do anything to your gloves to make them fit better? ☐ Yes ☐ No
- If Yes, what do you do? _____
- g. Are you aware of any solution to glove fitting problems, and what is it? (such as a different style, manufacturer or alternate design) _____
- _____
- _____

14. Non-SCBA Respirator☐ Not used in past 12 months – *please skip to question 15*

- a. How often do you use a respirator other than your SCBA?
- ☐ Used less than 5 days
 - ☐ Used 6-40 days
 - ☐ Used more than 40 days
- b. What type have you used most often?
- ☐ Disposable
 - ☐ Half-face plastic facepiece with filters/cartridges
 - ☐ Full face plastic facepiece with filters/cartridges
 - ☐ Powered Air Purifying Respirator (PAPR) (has motor and filters/cartridges)
 - ☐ Air line respirator (air is supplied by compressor, or by tank that is not worn and is attached to the respirator by an air line)
 - ☐ Other _____
- c. Have you been fit-tested for this respirator in the past 12 months? ☐ Yes ☐ No
- d. How well does it fit?
- ☐ Well
 - ☐ Adequately
 - ☐ Poorly
 - ☐ Almost unusable
- e. What is the problem with the fit, if any? *Check all that apply.*
- ☐ Mask is too large for my face
 - ☐ Mask is too small for my face
 - ☐ I feel air leaking around the surfaces of the respirator
 - ☐ I have to pull the straps too tight to get a good fit
 - ☐ Mask falls off or moves when I bend over or look up
 - ☐ Other: _____
- f. Are you aware of any solution to that problem, and what is it? (such as a different style, manufacturer or alternate design) _____

15. Is there anything else you would like to tell us about your safety concerns and personal protective equipment?

Section 3: Personal Information

Please tell us about yourself. We would like to compare the women who completed this survey to other women in the trades in the U.S., to look at similarities and differences. We use questions similar to those used by other agencies.

16. How old are you?

- ☐ 16-20 years ☐ 21-30 years ☐ 31-40 years
☐ 41-50 years ☐ 51+ years

17. What city do you work in? ☐ Not currently employed – please skip to **question 18**

_____ city _____ zip code

18. What city do you live in?

_____ city _____ zip code

19. Do you consider yourself to be: (check all that apply)

- ☐ Hispanic or Latina
☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Other: _____

20. How tall are you? ___ feet ___ inches

21. How did you learn about this survey?

- ☐ Tradeswomen organization
☐ Union
☐ Co-worker or Friend
☐ WFS (Women in the Fire Service)
☐ Employer
☐ Internet
☐ Other: _____

Section 4: Additional Equipment -- Optional Questions 22 and 23

22. Type of Equipment: _____

- a. How often do you use this equipment?
- ☐ Rarely (5 or less days a year)
 - ☐ Sometimes (6-40 days a year)
 - ☐ Very often (more than 40 days a year)
- b. How well does it fit?
- ☐ Well
 - ☐ Adequately
 - ☐ Poorly
 - ☐ Almost unusable
- c. Is this equipment available to you in different sizes? ☐ Yes ☐ No
- d. What is the problem with the fit, if any? _____

- e. Do you do anything to this equipment to make it fit better? ☐ Yes ☐ No
If Yes, what do you do? _____

- f. Please describe any better-fitting designs or brand names you know of: _____

23. Type of Equipment: _____

- a. How often do you use this equipment?
- ☐ Rarely (5 or less days a year)
 - ☐ Sometimes (6-40 days a year)
 - ☐ Very often (more than 40 days a year)
- b. How does it fit?
- ☐ Well
 - ☐ Adequately
 - ☐ Poorly
 - ☐ Almost unusable
- c. Is this equipment available to you in different sizes? ☐ Yes ☐ No
- d. What is the problem with the fit, if any? _____

- e. Do you do anything to this equipment to make it fit better? ☐ Yes ☐ No
If Yes, what do you do? _____

- f. Please describe any better-fitting designs or brand names you know of: _____

Thank you for completing this survey! Please mail the completed survey by July 30, 2004 to:

DHS Occupational Health Branch
California Dept. of Health Services
1515 Clay Street, Suite 1901
Oakland, CA 94612
Att: Susan Payne

If you would like us to contact you when the survey results are available, please provide your e-mail or mailing address below.

Survey results will also be posted at: **www.dhs.ca.gov/OHB**

***THIS PAGE WILL BE SEPARATED FROM THE REST OF YOUR SURVEY
TO HELP ENSURE CONFIDENTIALITY.***

Please send me the results of the Women Firefighters' Survey for Personal Protective Equipment.

Your Email Address: _____

OR:

Your Name: _____

Mailing Address with zipcode:

There are currently efforts to design new protective gear systems for women firefighters. That project may involve another survey to collect sizing information.

May we send you information about this other project? ☐ Yes ☐ No